05551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 24 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) M. (Last) Gettier

4. DATE OF DEATH (Month) June (Day) 19 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov 25, 1912
9. AGE last birthday 36 yrs. If under 1 year: Months 6 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer foreman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Manchester, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maurice E. Gettier
14. MOTHER'S MAIDEN NAME Jennie Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-8138
17. INFORMANT Margarite Gettier-wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1946, to 6/14, 1949, that I last saw the deceased alive on 6/14, 1949, and that death occurred at 12 20 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Huntingtown DATE SIGNED 6/19/20

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 21, 1949
NAME OF CEMETERY OR CREMATORY Hampstead Cemetery
LOCATION (City, town, or county) Hampstead (State) Md

DATE REC'D BY LOCAL REG. 8-20-49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS.A15

RECEIVED
JUN 22 1949
BUREAU F. S.

05552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings — LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owing
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Lading (Last) Gott
4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Jan 13 '76
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James F Hutchins
14. MOTHER'S MAIDEN NAME: Mary C Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lester Gott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary embolism	1 min
Antecedent cause(s)	(b) Gall Hadder disease	2 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

586
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 6/5, 1949, that I last saw the deceased alive on 6/1, 1949, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE: H Mehrig (Degree or title) — ADDRESS: Owing — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 8, 1949 — NAME OF CEMETERY OR CREMATORY: Waters Memorial Am. — LOCATION (City, town, or county): Wallville (State): Md
DATE REC'D BY LOCAL REG.: June 8, 1949 — REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR: Wm. H. Hutchins — ADDRESS: Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05553

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Calvert; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barstow; LENGTH OF STAY (in this place):	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barstow, Rural; STREET ADDRESS (If rural give location):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	

3. NAME OF DECEASED (Type or Print): (First) Anna Bell (Middle) (Last) Gray				4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1949				
5. SEX: F	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: May 15 1875	9. AGE last birthday: 74 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Stanton Va.	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME: Henry Jackson		14. MOTHER'S MAIDEN NAME: Annie J. Carter						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Alexander Gray, Prince Frederick, Md						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from May 25, 1949, to June 2, 1949, that I last saw the deceased alive on 6-2, 1949, and that death occurred at 6-2, 7A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robt Williams	M.D.	St Leonard, Md	June 3, 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-4-49	Carroll's	Barstow, County, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-3-49	H. W. Ward	P.E. Sewell, Prince Frederick, Md.	

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

105554

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PRINCE FREDERICK — LENGTH OF STAY (in this place) 2 1/2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HUNTINGTOWN
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) NORMAN (Middle) Roosevelt (Last) HURIEY JR.

4. DATE OF DEATH (Month) JUNE (Day) 9 (Year) 1949

5. SEX MALE

6. COLOR OR RACE AM. NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) NEWBORN

8. DATE OF BIRTH JUNE 5 1949

9. AGE last birthday — yrs. If under 1 year: Months —, Days 5, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) CALVERT CO. - HUNTINGTOWN

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Roosevelt NORMAN HURIEY SR.

14. MOTHER'S MAIDEN NAME ARTHELIA FRANKLIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —

16. SOCIAL SECURITY NO. —

17. INFORMANT NORMAN HURIEY SR. (FATHER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature — Interval between onset and death: 4 days

772.5 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Failed to eat after two days.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6 5, 1949, to 6 9, 1949, that I last saw the deceased alive on 6 8, 1949, and that death occurred at 5 30P m., from the causes and on the date stated above.

SIGNATURE H. H. Ward (Degree or title) ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 6-11-49 — NAME OF CEMETERY OR CREMATORY St Edmonds — LOCATION (City, town, or county) Calvert Co. — (State) Md

DATE REC'D BY LOCAL REG. 6-10-49 — REGISTRAR'S SIGNATURE N. H. Ward

24. FUNERAL DIRECTOR P. E. Sewell — ADDRESS Prince Frederick, Md

RECEIVED
JUN 17 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05555

CERTIFICATE OF DEATH

51

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran, Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PHILIP	E	IRELAND	June	23,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	M	June 9, 1873	76 yrs.	0	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming		Calvert Co., Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward F. Ireland	Mary Elizabeth Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Sarah Helen Ireland (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from....., 19.49, to June 23, 19.49, that I last saw the deceased alive on....., 19....., and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE Paul Jett (Degree or title) ADDRESS Prince Frederick DATE SIGNED 6/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 26, 1949	St. Pauls Cemetery	Prince Frederick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-24-49	N. H. Ward	A. A. Harkness & Son,	Mutual, Md.

RECEIVED
JUN 25 1949
BUREAU V. S.

Evidence for change in age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

05556

CERTIFICATE OF DEATH

FILM No. G 1[illegible] JUL 12 1949 FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
LENGTH OF STAY (In this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) J (Last) Jefferson

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1949

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 7-5-13 | 9. AGE last birthday 35-6 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm Jefferson | 14. MOTHER'S MAIDEN NAME Martha Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Emmie Jefferson Lusby Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 | Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 1 min

94a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office, etc.) OF INJURY Home | (CITY OR TOWN) Lusby | (COUNTY) Calvert | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. H. Hard (Degree or title) MD ADDRESS Lusby Md DATE SIGNED 6/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-20-49 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, town, or county) Lusby Md (State)

DATE REC'D BY LOCAL REG. 6-20-49 | REGISTRAR'S SIGNATURE H. H. Hard | 24. FUNERAL DIRECTOR J. E. Sewell | ADDRESS Prr. Fred., Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1949
BUREAU V. S.

Evidence for addition of age is shown on:

FILM No. G 121 JUL 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05557

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1 COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash
STREET ADDRESS (If rural, give location) 223 F St NW Wash

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Paul Kreitzmann

4. DATE OF DEATH (Month) (Day) (Year) 6/26 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) unk.
8. DATE OF BIRTH
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk
10b. KIND OF BUSINESS OR INDUSTRY unk.
11. BIRTHPLACE (State or foreign country) unk.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unk.
14. MOTHER'S MAIDEN NAME unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk
16. SOCIAL SECURITY NO. unk.
17. INFORMANT unk.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Unknown

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Possibly diabetes, or vascular

(c) Poisy. Found in room 4 days after

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Been dead several days. Found 200 [illegible] and [illegible] any [illegible]

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H W Ward ADDRESS H W Ward Owing Md DATE SIGNED 6/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/27/49
NAME OF CEMETERY OR CREMATORY Mt. Harmony
LOCATION (City, town, or county) (State) Nr. Owings Md.

DATE REC'D BY LOCAL REG. June 26, 1949
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR W. H. Hutchins, ADDRESS Owings, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05558

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 52

1. PLACE OF DEATH COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Va COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willows — LENGTH OF STAY (in this place) 2 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Archie (Middle) W. (Last) Money	4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1949
5. SEX Ma — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH Oct. 19/12	9. AGE last birthday 36 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab driver — 10b. KIND OF BUSINESS OR INDUSTRY Taxie	11. BIRTHPLACE (State or foreign country) Vienna, Va. — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Roscoe Money	14. MOTHER'S MAIDEN NAME Mamie E. Oliver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 577-07-0354	17. INFORMANT Chas. M. Dulin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart attack — 2 hrs

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) while nonnoring

95C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was nonnoring about 10 hrs called and died

19a. DATE OF OPERATION before hig — 19b. MAJOR FINDINGS OF OPERATION later from date	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. Heart + — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chas. Bay — (CITY OR TOWN) Willows (COUNTY) Calvert (STATE) Ma	
TIME OF INJURY (Month) 6 (Day) 11 (Year) 49 (Hour) 12 30 m. — INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Was nonnoring called for help and died

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. M. Ward (Degree or title) ADDRESS Owing Ma DATE SIGNED 6/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 6/14/49	NAME OF CEMETERY OR CREMATORY Andrews Chapel	LOCATION (City, town, or county) (State) Vienna, Va.
DATE REC'D BY LOCAL REG. June 11, 1949	REGISTRAR'S SIGNATURE Grace L. Hutchins	24. FUNERAL DIRECTOR The S. H. Hines Co., Wash. D.C.	ADDRESS 2901-14th. St. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05559

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; MARYLAND LENGTH OF STAY (in this place) 3 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) Elizabeth (Last) Ramsey

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 1, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bowens Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Robinson

14. MOTHER'S MAIDEN NAME: Sarah Jane Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Ca. metastatic

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of breast (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 6-27, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 29, 1949 | NAME OF CEMETERY OR CREMATORY: Asbury Cemetery | LOCATION (City, town, or county) (State): Benstown, Md

DATE REC'D BY LOCAL REG. 6/29/49 | REGISTRAR'S SIGNATURE: H. W. Ward. B. | 24. FUNERAL DIRECTOR: A. A. Hutchinson & Son | ADDRESS: Mutual, Md

RECEIVED
JUN 30 1949
BUREAU V. R.

05560

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mutual, Md — LENGTH OF STAY (in this place) Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mutual, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) W.	(Last) ROSS	4. DATE OF DEATH	(Month) June	(Day) 2	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Apr. 13, 1868	9. AGE last birthday 80 yrs.	If under 1 year Months 1	Days 19	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Calvert Co., Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME George P. Ross	14. MOTHER'S MAIDEN NAME Druscilla Howard						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT Marion Ross					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1949, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Villaneal	M.D	St Leonard, Md	6/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 5, 1949	NAME OF CEMETERY OR CREMATORY Dorsey Private Lot	LOCATION (City, town, or county) Mutual	(State) Md
DATE REC'D BY LOCAL REG. June 4, 1949	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR A. A. Harkness & Son	ADDRESS Mutual, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.

05561

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert (Rural) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural give location) (Rural)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) (Last) Smith
4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949

5. SEX female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Feb. 28 1921
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sunderland - MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME HANK JONES
14. MOTHER'S MAIDEN NAME MARION JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No.
16. SOCIAL SECURITY NO. —
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
6500 Immediate cause	(a) Anuria	48 hrs
Antecedent cause(s) 141d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) abortion	1 wk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1949, to 6/21, 1949, that I last saw the deceased alive on 6/21, 1949, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Ward Dwing ADDRESS Md DATE SIGNED 6/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-25-49
NAME OF CEMETERY OR CREMATORY St Edmunds Cem.
LOCATION (City, town, or county) (State) Chesapeake Beach, Md

DATE REC'D BY LOCAL REG. 6/22/49
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1949
BUREAU T. D.